



Communicable Disease and Epidemiology News

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- **Change to Washington State Notifiable Conditions Law**
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- **There's a New Kid in Town: Influenza A/California/7/2004 (H3N2)**

Changes to the Notifiable Conditions List for Health Care Providers and Laboratories

On January 11, 2005, the Washington State Board of Health filed an amendment to Washington Administrative Code (WAC) 246-101 that changed requirements for the reporting of notifiable conditions. These changes went into effect on February 15, 2005.

Changes to Notifiable Condition List for Health Care Providers

The following conditions were previously only provisionally notifiable. They were made permanently notifiable as of February 15, 2005:

- Neonatal and initial genital **herpes simplex infections** should be reported to Public Health within three days by calling (206) 731-3954.
- **Chronic Hepatitis B* and Acute and Chronic Hepatitis C** should be reported to Public Health within one month. Persons diagnosed with hepatitis B and C may see multiple health care professionals, each of whom may assume that the case has already been reported when it has not. A related misperception is that primary care health care professionals are more responsible for reporting than consultants, or emergency physicians. In fact, **Washington law requires principal health care providers, and other physicians in attendance, to report notifiable conditions unless notification has already been made.** Please routinely report all cases of hepatitis B and C, unless you are sure the case has previously been reported by another health care professional (not including laboratories).

*The reporting requirement for hepatitis B surface antigen (HBsAg) positive pregnant women has not changed. All women should be tested during each pregnancy for HBsAg, including women thought to be chronically infected with hepatitis B. **All pregnant HBsAg positive women should be reported during each pregnancy within 3 days.** Public Health follows up on infants born to HBsAg positive women to ensure that hepatitis B immune globulin and vaccine are administered at birth, subsequent vaccine doses are given on schedule to minimize the development of chronic hepatitis, and follow-up serologic testing to identify infected children is done.

Arboviral Disease (mosquito-borne, sandfly-borne or tick-borne), was made notifiable August 3, 2004 by an emergency order of the State Health Officer. It has now been adopted as permanently notifiable, and replaces **“Encephalitis – viral”**, which has been removed from the list of notifiable conditions. Arboviral disease, includes, but is not limited to Eastern equine encephalitis, Western equine encephalitis, St. Louis encephalitis, dengue, West Nile Virus disease,

California encephalitis, Powassan encephalitis, Japanese encephalitis, and Colorado tick fever. Report confirmed or suspected arboviral disease within three working days to (206) 296-4774.

Streptococcus, Group A, Invasive was dropped from the list of notifiable conditions. It had been made provisionally notifiable in December 2000.

The following non-infectious conditions that were provisionally notifiable by health care providers have been made permanently notifiable and should be reported to the Department of Health, Maternal and Child Health Assessment at (360) 236-3492 within one month of diagnosis. These conditions include:

- **Birth Defects – Autism Spectrum Disorder,**
- **Birth Defects – Cerebral Palsy,**
- **Alcohol Related Birth Defects**

Summary of Changes to Notifiable Conditions Reporting for Health Care Providers:

- **Keep reporting** chronic hepatitis B, acute and chronic hepatitis C, herpes simplex (neonatal and initial genital infections), and arboviral disease.
- **Keep reporting** autism spectrum disorder, cerebral palsy and alcohol related birth defects.
- **Report** viral encephalitis if you suspect or have confirmed an arboviral disease.
- **Stop** reporting invasive group A Streptococcus.

Please keep in mind that laboratory reporting does NOT relieve health care providers of their obligation to report.

Changes to Notifiable Conditions List for Laboratories

Laboratories and laboratory directors are now required to report the following conditions:

- **Arboviral Disease:** within two days of laboratory results (viral isolation, detection of viral nucleic acid or antibody) consistent with Arboviral Disease. This includes, but is not limited to Eastern equine encephalitis, Western equine encephalitis, St. Louis encephalitis, dengue, West Nile virus disease, California encephalitis, Powassan encephalitis, Japanese encephalitis, and Colorado tick fever.
- **Hepatitis B and C:** within one month of laboratory results consistent with hepatitis B and C.

For More Info about Notifiable Condition Reporting:

To view the amended WAC, go to:
www1.leg.wa.gov/documents/wsr/2005/03/05-03-055.htm
For a complete list of notifiable conditions, go to:
www.doh.wa.gov/notify/other/providerposter_feb2005.pdf
For questions about reporting please call: (206) 296-2735.

Immunizing High Risk Persons for Vaccine Preventable Hepatitis: Optimizing Insurance Reimbursement

Persons at high risk for vaccine preventable hepatitis (hepatitis A and B) infection, including men who have sex with men (MSM),and others at-risk for transmission through sexual activity may be hesitant to ask for these vaccines due to a perception that the vaccines would not be covered by their health insurance, or reluctance to discuss high-risk behaviors.

Many insurers will provide reimbursement for hepatitis A and B vaccination of high risk persons, provided that the billing includes CPT® codes that accurately describe the vaccine administered, and an ICD-9 code explaining the reason vaccine is indicated.

A number of ICD-9 (diagnosis) codes can be used to identify the VPH high-risk population. To protect the patient’s confidentiality, you may wish to discuss using a code that indicates a specific risk factor/group with the patient prior to contacting the insurer.

In collaboration with a national CDC campaign to increase the immunization rates for hepatitis A and B among MSM, and others at high risk for infection, the American Medical Association (AMA), has developed coding guidelines for those seeking reimbursement for providing hepatitis vaccines.

The CDC has also created several materials, including a pocket guide, poster, and booklet with concise guidelines for immunizing MSM, and other high risk groups for hepatitis A and B to further the campaign.

The complete AMA coding guidelines for seeking reimbursement of hepatitis vaccines is available in both leaflet and brochure formats, and can be downloaded at:
www.ama-assn.org/ama/pub/category/13757.html

The CDC pocket guide, poster, and booklet, and other related materials can be downloaded at:
www.cdc.gov/ncidod/diseases/hepatitis/msm/index.htm

There’s a New Kid in Town: Influenza A/California/7/2004 (H3N2)

As of the week ending February 12th, 2005, King County sentinel influenza surveillance providers had submitted to the King County Public Health Laboratory 286 clinical specimens from persons with influenza-like-illness. Of these, 75 (26%) have been influenza A, and 18 (6%) have been influenza B. The proportion of influenza B isolates typically increases in the latter part of the influenza season.

Of the seven influenza A isolates that have been antigenically characterized by the CDC, six have been identified as A/Fujian/411/2002-like (H3N2), which is included in the 2004-2005 influenza vaccine, and one has been identified as A/California/7/2004 (H3N2), which is not included in this season’s vaccine, but which has been recommended for next season’s vaccine. CDC reports that, as of the week ending February 5th, 45 percent of all influenza A isolates antigenically characterized, so far, have been A/California/7/2004-like (H3N2). As of January 5th, 2005, only 5 percent of isolates had been characterized as A/California/7/2004-like (H3N2).

For more information about influenza in King County see:
www.metrokc.gov/health/immunization/fluactivity.htm
For more information about influenza throughout the US
www.cdc.gov/flu/weekly/fluactivity.htm

Disease Reporting

AIDS/HIV(206) 296-4645
STDs.....(206) 731-3954
TB(206) 731-4579
All Other Notifiable Communicable Diseases (24 hours a day)..... (206) 296-4774
Automated reporting line for conditions not immediately notifiable(206) 296-4782

Hotlines

Communicable Disease(206) 296-4949
HIV/STD.....(206) 205-STDS

Public Health-Seattle & King County Online Resources

Home Page: www.metrokc.gov/health/
The **EPI-LOG**: www.metrokc.gov/health/providers
Communicable Disease listserv (**PHSKC INFO-X**) at: mailman.u.washington.edu/mailman/listinfo/phskc-info-x

Reported Cases of Selected Diseases, Seattle & King County 2005				
	Cases Reported in January		Cases Reported Through January	
	2005	2004	2005	2004
Campylobacteriosis	16	17	16	17
Cryptosporidiosis	4	1	4	1
Chlamydial infections	402	388	402	388
Enterohemorrhagic E. coli (non-O157)	0	0	0	0
E. coli O157: H7	1	0	1	0
Giardiasis	11	13	11	13
Gonorrhea	111	112	111	112
Haemophilus influenzae (cases <6 years of age)	0	0	0	0
Hepatitis A	4	0	4	0
Hepatitis B (acute)	2	2	2	2
Hepatitis B (chronic)	38	34	38	34
Hepatitis C (acute)	1	0	1	0
Hepatitis C (chronic, confirmed/probable)	87	111	87	111
Hepatitis C (chronic, possible)	24	34	24	34
Herpes, genital (primary)	54	54	54	54
HIV and AIDS (includes only AIDS cases not previously reported as HIV)	39	17	39	17
Measles	0	0	0	0
Meningococcal Disease	3	4	3	4
Mumps	0	0	0	0
Pertussis	17	22	17	22
Rubella	1	0	1	0
Rubella, congenital	0	0	0	0
Salmonellosis	18	17	18	17
Shigellosis	7	16	7	16
Syphilis	6	5	6	5
Syphilis, congenital	0	0	0	0
Syphilis, late	6	4	6	4
Tuberculosis	8	8	8	8

The Epi-Log is available in alternate formats upon request.